

## RENEWAL APPLICATION WELL CONSTRUCTION OPERATOR'S LICENSE

The application process WILL BE DELAYED if we are missing information or fees. Please read the instructions below carefully BEFORE completing this application.

## **INSTRUCTIONS:**

- 1. A filing FEE must accompany this application
- 2. PRINT information. Fill in the applicable sections COMPLETELY.
- 3. You MUST submit proof of Continuing Education Units (CEUs) in the form of copies of certificates, cpr/first aid cards, etc. You DO NOT have to send proof of your CEUs if we already have it on file. (See your enclosed CEU Tracking Sheet.)
- 4. CEUs must be earned during your renewal period. (Example: If your license is valid from 1/1/00-1/1/02, CEUs should also be earned between 1/1/00 and 1/1/02.).
- 5. Please attach your proof to this application, enclose the appropriate filing fee and mail to: Washington State Department of Ecology, Cashiering Section, PO Box 5128, Lacey, WA 98509-5128.

| TYPE OF LICENSE   |                 |             |                     |  |
|---|-----------------|-------------|---------------------|--|
| Check appropriate box(es). Fill in your current license number and original issue date:   |                 |             |                     |  |
| ☐ Water Well \$20   | License No      | Original Is | Original Issue Date |  |
| ☐ Resource Protection \$20  | License No      | Original Is | Original Issue Date |  |
| <b>REMEMBER:</b> You must have proof of 14 Continuing Education Units to renew your Water Well and/or Resource Protection Well License(s) during your licensing period (every two years). |                 |             |                     |  |
| APPLICANT INFORMATION   |                 |             |                     |  |
| Keep your information current! Please fill in all spaces below completely and print legibly. Thank you.   |                 |             |                     |  |
| Applicant Name  |                 | SSN         |                     |  |
| County  | Street Address: |             |                     |  |
| City  | State           | Zip Code    | Phone No            |  |
| Drilling Company Name   |                 | Phone No    |                     |  |
| Signature   |                 | Date        |                     |  |
| FOR DEPARTMENT USE ONLY   |                 |             |                     |  |
| Continuing Education Requirements Approved?    YES    NO  |                 |             |                     |  |
| If no, please explain   |                 |             |                     |  |
|   |                 |             |                     |  |
| Signature   |                 |             | Date                |  |

Distribution: White-Ecology, Yellow-Applicant